

Method of Transmission: By Facsimile

CASE DOCKET NO. P1553D2

In reference to application of Dan Kikinis

Serial No. 10/052,076

For Customizable Media Player with Online/Offline Capabilities

Sir:

Transmitted herewith is and an amendment to the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	6	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.Respectfully Submitted, Donald R. Boys
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In re: Dan Kikinis
Case: P1553D2
Art Unit: 2155
Subject: Customizable Media Player with Online/Offline Capabilities

Application No.: 10/052,076
Examiner: Patrice L. Winder
Filing date: 01/16/2002

OFFICIAL**Certificate of Transmission under 37 CFR 1.8**

Attention: Patrice L. Winder, Examiner

Fax No.: (703) 872-9306

I hereby certify that this correspondence is being facsimile transmitted to the
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on 02/04/2004

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Lynda Schwalenberg

Typed or printed name of person signing Certificate

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each submitted paper.

Total Sheets Transmitted - 9

1. Amendment A - 6 sheets
2. Amendment Transmittal Form - 1 sheet
3. Duplicate Amendment Transmittal Form - 1 sheet
4. Certificate of Transmission - 1 sheet

Please call me at (831) 726-1457 if you have any questions.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.